

D Voice Benign Lesions

Record ID _____

1. Gold Standard Diagnosis

Does the patient have a benign lesion confirmed by laryngoscopy/stroboscopy?

- ☐ Yes
☐ No
☐ Not certain

2. Disease Subtype

What is the benign lesion diagnosis?

- ☐ Vocal fold nodules
☐ Vocal fold polyp
☐ Vocal fold cyst
☐ Reinke's edema
☐ Vocal fold ulcers
☐ Recurrent respiratory papilloma
☐ Fibrous masse (s)
☐ Rheumatoid nodules
☐ Other

Please specify _____

3. Etiology

What is the etiology?

- ☐ Phonotrauma
☐ HPV virus (RRP)
☐ Other

Please specify _____

4. Disease Severity

Location of lesion(s)

- ☐ Right vocal fold
☐ Left vocal fold
☐ Both vocal folds

Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent

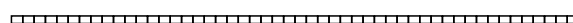
MI = Mildly Deviant

MO = Moderately Deviant

SE = Severely Deviant

Overall Severity

MI MO SE



(Place a mark on the scale above)

Overall Severity


- ☐ Consistent ☐ Intermittent

Roughness	MI	MO	SE
			
(Place a mark on the scale above)			

Roughness	<input type="radio"/> Consistent	<input type="radio"/> Intermittent
-----------	----------------------------------	------------------------------------

Breathiness	MI	MO	SE
			
(Place a mark on the scale above)			

Breathiness	<input type="radio"/> Consistent	<input type="radio"/> Intermittent
-------------	----------------------------------	------------------------------------

Strain	MI	MO	SE
			
(Place a mark on the scale above)			

Strain	<input type="radio"/> Consistent	<input type="radio"/> Intermittent
--------	----------------------------------	------------------------------------

Pitch	MI	MO	SE
			
(Place a mark on the scale above)			

Pitch (Indicate the nature of the abnormality):	<hr/>
--	-------

Pitch	<input type="radio"/> Consistent	<input type="radio"/> Intermittent
-------	----------------------------------	------------------------------------

Loudness	MI	MO	SE
			
(Place a mark on the scale above)			

Loudness (Indicate the nature of the abnormality):	<hr/>
---	-------

Loudness	<input type="radio"/> Consistent	<input type="radio"/> Intermittent
----------	----------------------------------	------------------------------------

Comments about resonance	<input type="radio"/> Normal	<input type="radio"/> Other
--------------------------	------------------------------	-----------------------------

Please specify	<hr/>
----------------	-------

Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):	<hr/>
--	-------

5. Treatment obtained

Has the patient undergone any treatment for his condition?

- ☐ Yes
☐ No

Select all that apply:

- ☐ Voice/speech therapy
☐ Laryngeal microsurgery
☐ Voice rest
☐ Other

Other, please specify

Laryngeal microsurgery

- ☐ With laser
☐ Without laser